

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORMS PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/885288</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">9/14/04</div>					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.		DEP.		IND.		DEP.	
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99													
100													
TOTAL IND.		6		10									
TOTAL DEP.		84		84									
TOTAL CLAIMS		90		90									

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							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			51					
2			1		1		52					
3			1		1		53					
4			1		1		54					
5			1		1		55					
6			1		1		56					
7			1		1		57					
8			1		1		58					
9			1		1		59					
10			1		1		60					
11			1		1		61					
12			1		1		62					
13			12		12		63					
14			12		12		64					
15		1		1			65					
16			1		1		66					
17			1		1		67					
18			1		1		68					
19			1		1		69					
20			1		1		70					
21			1		1		71					
22			1		1		72					
23			8		8		73					
24			8		8		74					
25		1		1			75					
26			1		1		76					
27		1		1			77					
28			1		1		78					
29			1		1		79					
30			1		1		80					
31			1		1		81					
32			1		1		82					
33		1		1			83					
34			1		1		84					
35			1		1		85					
36			1		1		86					
37		1		1			87					
38			1		1		88					
39			1		1		89					
40			1		1		90					
41			1		1		91					
42			1		1		92					
43			6		6		93					
44			6		6		94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		6		10			TOTAL IND.					
TOTAL DEP.		84		109			TOTAL DEP.					
TOTAL CLAIMS		90		119			TOTAL CLAIMS					